

Type in Applicant's Name in Yellow Box		Client ID (IRN)	Today's Date 06/11/2014	Your Name	SEE RESULT HERE Not ready yet
Screening Tool to Sort Maryland Health Connection Paper Applications					
	Question	Choices	Next Step to Take		
STEP	Before you begin, examine the MCH paper application. Is there more than one person listed on the application?				
1.	Does the applicant list a home address in Maryland?				
2.	Is the applicant a U.S. citizen or Lawful Permanent Resident (and not an Iraqi/Afghani Special Immigrant Visa holder)? FOR HELP WITH CITIZENSHIP & IMMIGRATION, CLICK HERE.				
3.	Is the applicant receiving Medicare AND is pregnant OR receiving Medicare and is a caretaker relative? FOR HELP, CLICK HERE.				
4.	Type in the applicant's Date of Birth. Use this format: 09/12/1992				
5.	Is applicant a former foster care child?				
6.	Is applicant pregnant?				
7.	How many household members does this applicant have? Look at the application carefully. Add up all household members. Include a Spouse and the # of Dependents listed that the applicant will claim on their tax return).				
8.	Annual Income PERSON 1: Look at the application for the question about YEARLY INCOME. If it is not blank for PERSON 1, enter in the \$ amount listed. If it is blank, proceed to STEP # 10.				
9.	Annual Income PERSON 2 Look at the application for the question about YEARLY INCOME. If it is not blank for PERSON 2, enter in the dollar amount listed. If it is blank, proceed to STEP # 10.				
10.	Wages PERSON 1 (first job): Enter in the \$ amount PERSON 1 reported on the application. If blank, skip to STEP # 12. Select the pay frequency if a \$ amount was listed.				
11.	Wages PERSON 1 (second job): Enter in the \$ amount PERSON 1 reported on the application. If blank, skip to STEP # 12. Select the pay frequency if a \$ amount was listed.				
12.	Self-employment PERSON 1: Enter in the \$ amount PERSON 1 reported on the application. If blank, skip to STEP # 16 below. CLICK HERE FOR MORE INFORMATION ON SELF-EMPLOYMENT				
13.	Wages PERSON 2 (first job): Enter in the \$ amount PERSON 2 reported on the application. If blank, skip to STEP # 15. Select the pay frequency if a dollar amount was listed.				
14.	Wages PERSON 2 (second job): Enter in the \$ amount PERSON 2 reported on the application. If blank, skip to STEP # 15. Select the pay frequency if a dollar amount was listed.				
15.	Self-employment PERSON 2: Enter in the \$ amount PERSON 2 reported on the application. If blank, skip to STEP # 16. CLICK HERE FOR MORE INFORMATION ON SELF-EMPLOYMENT				
16.	Other Income for PERSON 1: This step not necessary. Other Income amount: <input type="text"/> Select the frequency if a dollar amount was listed. <input type="text"/> Other Income amount: <input type="text"/> Select the frequency if a dollar amount was listed. <input type="text"/> Other Income amount: <input type="text"/> Select the frequency if a dollar amount was listed. <input type="text"/> Other Income amount: <input type="text"/> Select the frequency if a dollar amount was listed. <input type="text"/>				
17.	Other Income for PERSON 2: For every type of Other Income listed, enter in an amount and a frequency below. If no Other Income is listed, then proceed to STEP # 18. Other Income amount: <input type="text"/> Select the frequency if a dollar amount was listed. <input type="text"/> Other Income amount: <input type="text"/> Select the frequency if a dollar amount was listed. <input type="text"/> Other Income amount: <input type="text"/> Select the frequency if a dollar amount was listed. <input type="text"/> Other Income amount: <input type="text"/> Select the frequency if a dollar amount was listed. <input type="text"/>				
18.	ARE YOU DONE ENTERING INFORMATION?				